

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

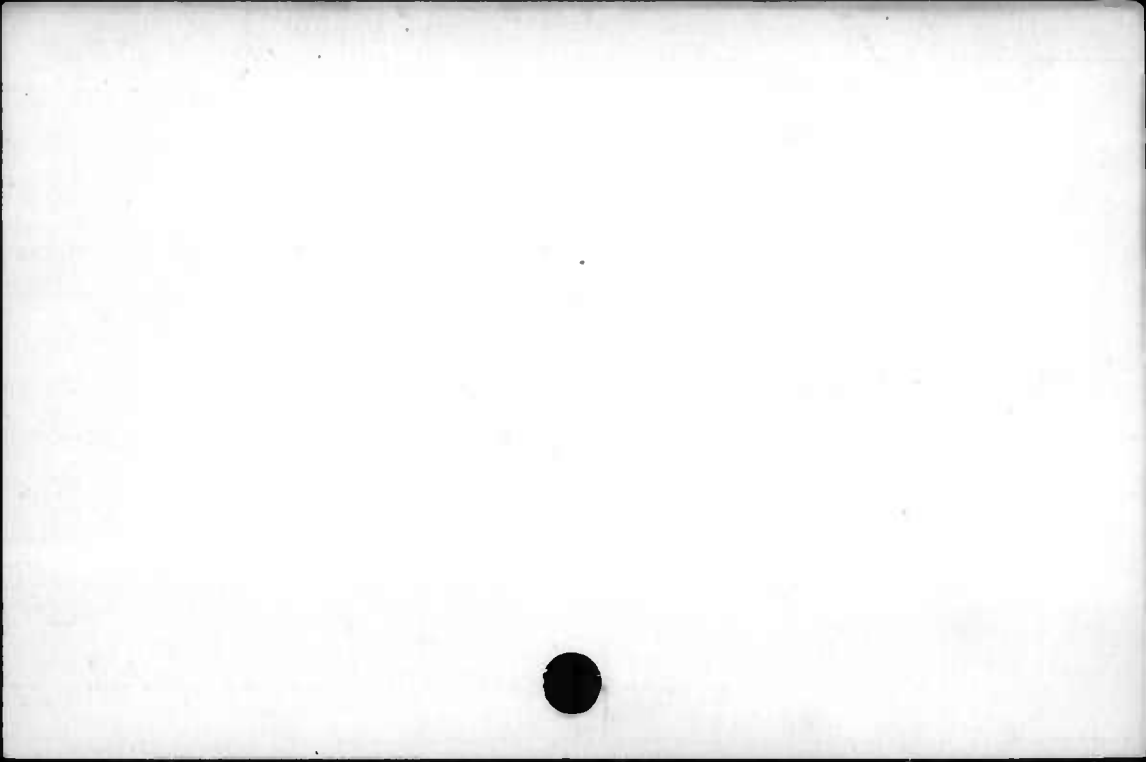
| | | | | | | | |
|---|--|---|--|------------------------------------|--|--------------------------|--|
| Name in Full Henry Banits | | Town Cambridge | | County Worcester | | State MARYLAND | |
| Died at Cambridge | | Month May | | Day 6th | | Years 54 | |
| Date of death 1906 | | Month May | | Day 6th | | Years 54 | |
| Sex Male | | Color or Race Colored | | Birthplace Worcester, Co | | Age 54 | |
| Occupation Genl. Laborer | | Where Residing if not at place of death Worcester, Co | | | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband Unknown | | | | | |
| Father's Name Unknown | | Father's Birthplace Unknown | | | | | |
| Mother's Maiden Name Willie Banits | | Mother's Birthplace Worcester, Co | | | | | |
| Name of person giving information Isiah Hitzgiles | | How related to deceased Nephew | | | | | |

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary Squamous Epithelioma of tongue | How long Six months |
| Immediate Simple exhaustion | How long Several weeks |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician Walter P. Reynolds, M.D. |
| | Address Cambridge, Md. |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

Linda Banks

Town

County

MARYLAND

Died at

Secretary

Dorchester

Date

Month

Day

Years

Months

Days

of death 1906

5

15

Age

23

Sex

female

Color ~~Red~~
BrownBirth-
place

Dor, Co

Occupation

House Girl

Where Residing if not
at place of death~~Married~~, Single
~~or Widowed~~~~Name of Wife or~~
~~Husband~~Father's
Name

George Banks

Father's
Birthplace

Dorchester

Mother's
Maiden Name

Mary Jackson

Mother's
BirthplaceName of person giving
Information

George Banks

How related
to deceased

Father

CAUSES OF DEATH

Primary

(116)

Peritonitis

How long

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

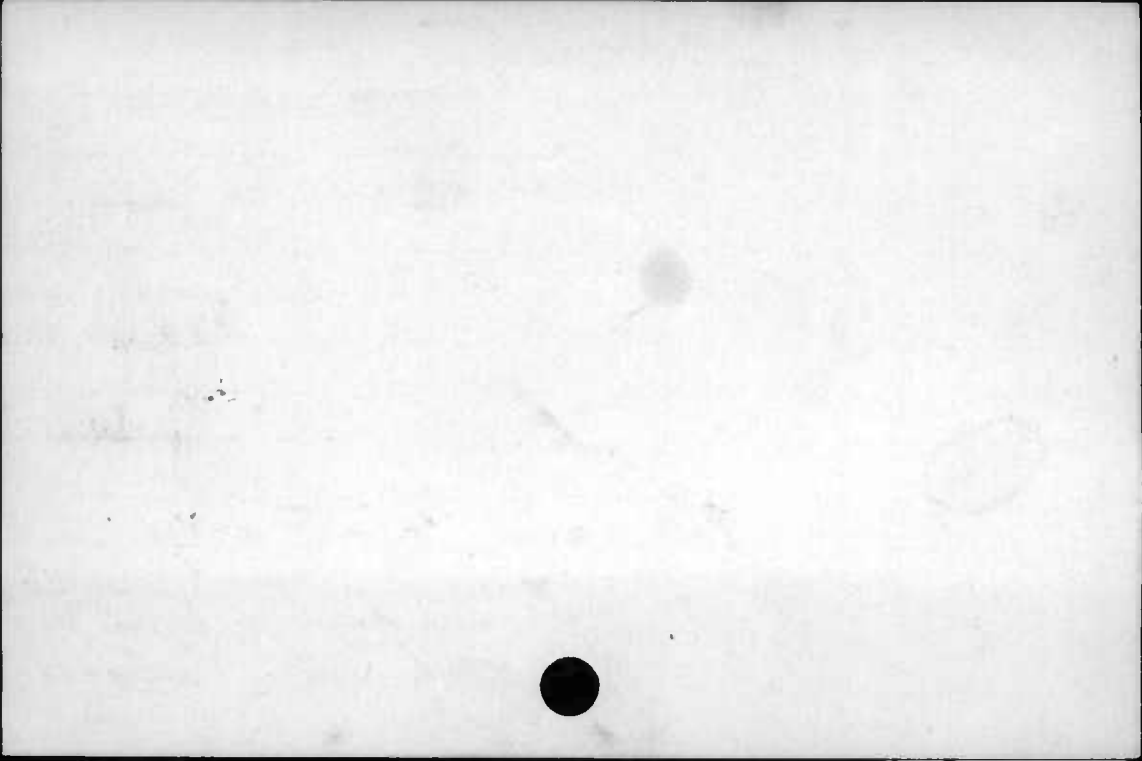
Address

H. Bayers

East Newmarket

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

Rowena Barnes

Town

County

MARYLAND

Died at

Taylor's Island

Baltimore

Date

Month

Day

Years

Months

Days

of death

1906 May

5

Age

75

Sex

Female

Color or
Race

Caucasian

Birth-
place

New York

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Leverett Barnes

Father's
Name

Martin Ruggles

Father's
Birthplace

Conn.

Mother's
Maiden NameMother's
BirthplaceName of person giving
information

J. M. B. Barnes

How related
to deceased

Son

CAUSES OF DEATH

Primary

Mitral Stenosis

How long

1 yr.

Immediate

Cardiac Paralysis

How long

1 yr.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. B. Shriver Jr.

Address

Taylor's Island
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Wm. Bruce Beckwith

CERTIFICATE OF DEATH

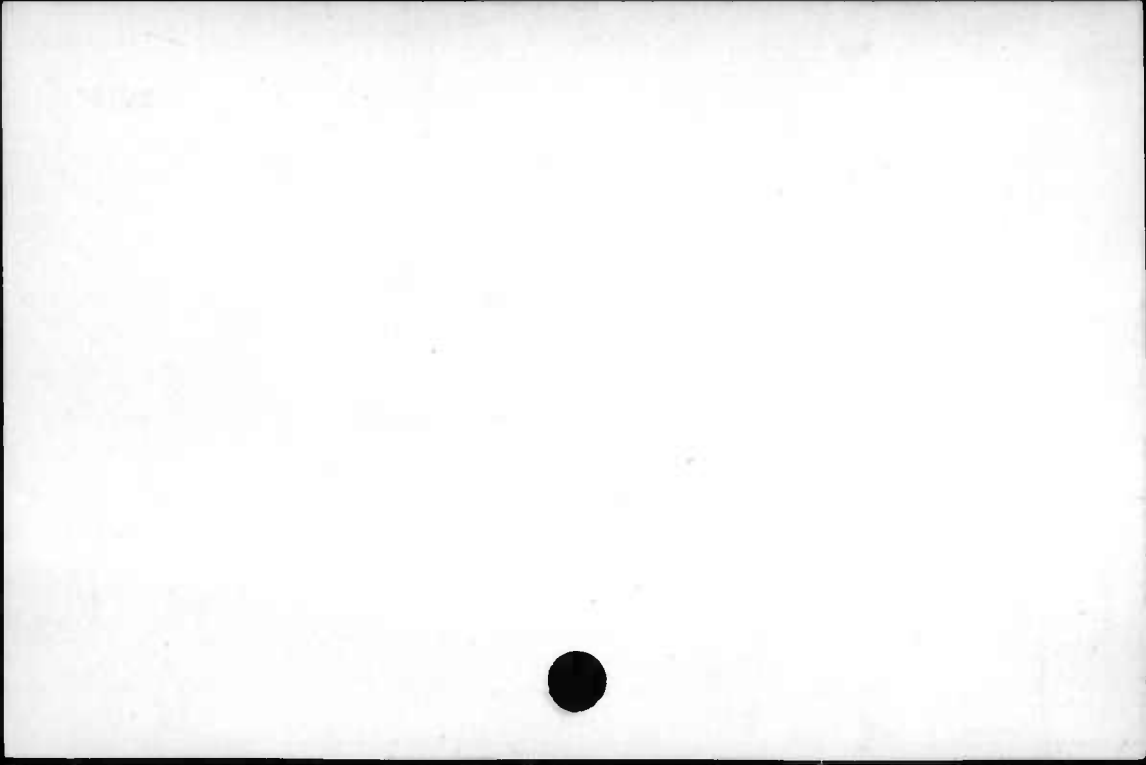
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---------------------------|--------------|--|-----------|----------|-------------|
| Died at | | Town Havlock | | County Horchester | | MARYLAND | |
| Date of death | | 1906 | Month May | Day 8 | Age 75 | Years | Months - |
| Sex Male | | Color or Race White | | Birth- place Md | | | |
| Occupation Farmer | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Married | | Name of Wife or Husband Emily Williams | | | |
| Father's Name - | | | | Father's Birthplace | | | |
| Mother's Maiden Name - | | | | Mother's Birthplace | | | |
| Name of person giving In formation Oscar Beckwith | | | | How related to deceased son | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|------------------------|--|----------|
| Primary | Valvular Heart trouble | How long | 2 yrs |
| Immediate | debility - | How long | 6 months |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician O. H. Maguire | |
| | | Address Havlock | |
| Accident or Suicide? | | | |



Name
in
Full

Francis A. Brownell

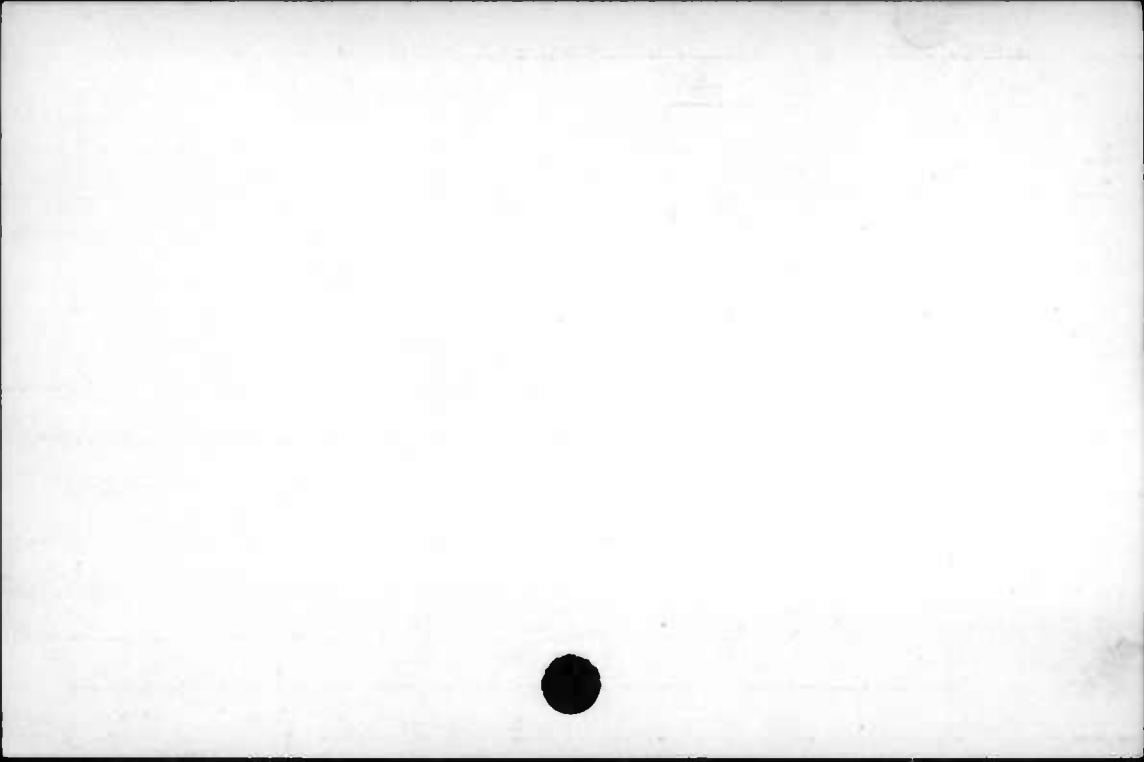
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------|---------------------------|------------|---|------------------------|---------------------|-----------|
| Died at | | Town <i>Madison</i> | | County <i>Dorchester</i> | | MARYLAND | |
| Date of death | 1906 | Month | <i>May</i> | Day | <i>10th</i> | Years | <i>62</i> |
| Sex | | <i>Male</i> | | Color or Race | | <i>White</i> | |
| Occupation | | <i>Carpenter</i> | | Where Residing if not at place of death | | <i>—</i> | |
| Married, Single or Widowed | | <i>Single</i> | | Name of Wife or Husband | | <i>— Single</i> | |
| Father's Name | | <i>James Brownell</i> | | Father's Birthplace | | <i>Dor. Co. Md.</i> | |
| Mother's Maiden Name | | <i>Mary A. Vinton</i> | | Mother's Birthplace | | <i>Dor. Co. Md.</i> | |
| Name of person giving information | | <i>Robert E. Brownell</i> | | How related to deceased | | <i>Brother</i> | |

CAUSES OF DEATH

| | | | | |
|-------------------------|--|------------------------------|----------------------|-------------------------|
| PHYSICIAN OR CORONER | Primary | <i>Cancer of the Stomach</i> | How long | <i>8 months</i> |
| | Immediate | <i>Inanition</i> | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | <i>yes</i> | |
| | Signature of Physician | | <i>R. L. Birchum</i> | |
| | | Address | | <i>Church Creek, Md</i> |
| Accident or Suicide? | | | | |



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|--------------------|-------------------------|---------|---|-------------------------|----------|-------|
| Died at <i>Aireys</i> | | Town <i>Dor.</i> | | County | | MARYLAND | |
| Date of death | 1906 | Month | May | Day | 16 | Age | Years |
| Sex | Male | Color or Race | Colored | Birth-place | Aireys | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name | Isaac Brown | | | | Father's Birthplace | Aireys | |
| Mother's Maiden Name | Margaret E. Pinder | | | | Mother's Birthplace | Buckhorn | |
| Name of person giving information | G. J. Watters | | | | How related to deceased | No | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|------------------------|---------------------------------|
| Primary | <i>Pneumonia</i> | How long | <i>Two or three days</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>Had none</i> |
| | | Address | <i>Mr. Fry, 910 Aireys road</i> |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|------------------------------|--|---|--|----------------|--|
| Name <i>Clarence E. Camper</i> | | Town <i>Newbury</i> | | County <i>Dorchester</i> | | MARYLAND | |
| Died at | | Month <i>5</i> | | Day <i>9</i> | | Years <i>4</i> | |
| Date of death <i>1906</i> | | | | Age <i>4</i> | | Months <i></i> | |
| Sex <i>Male</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Dorchester</i> | | Days <i></i> | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name <i>Edward Camper</i> | | | | Father's Birthplace <i>Dorchester</i> | | | |
| Mother's Maiden Name <i>Emma Mace</i> | | | | Mother's Birthplace <i>Dorchester</i> | | | |
| Name of person giving information <i>Edward Camper</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

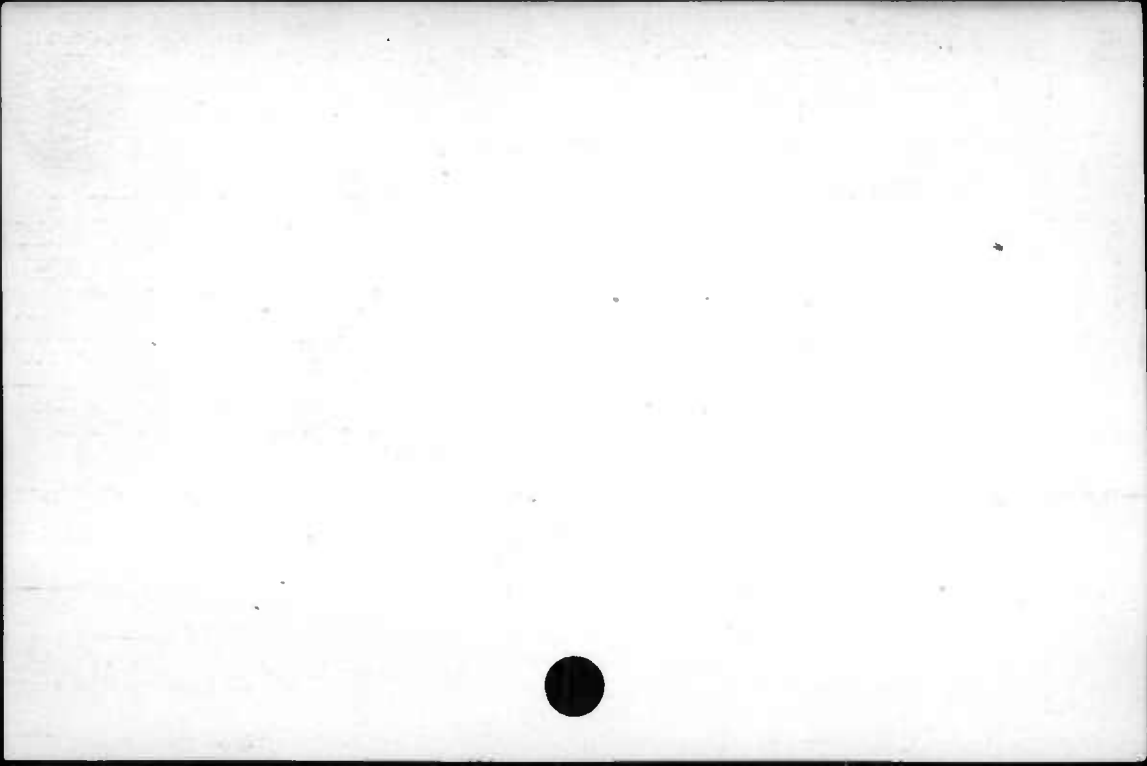
PHYSICIAN
OR CORONER

| | | | |
|--|--------------------|---------------------------------|-----------------|
| Primary | <i>Consumption</i> | How long | <i>3 months</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>yes</i> | | Address <i>100 E. Abbeville</i> | |

27



| | | | | | | | |
|-------------------------------------|--|------------------------|---------------|-------------------------|---|-------------------------|---------------|
| Name in Full | | allie armstrong catten | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Fishing Creek | | Don | | MARYLAND |
| | Date of death | | 1906 | Month | Aug | Day | |
| | Age | | 1 | | Years | | Months |
| | Sex | | Female | | Color or Race | | White |
| | Occupation | | | | Birth-place | | Calvert Co |
| | | | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | — | | Name of Wife or Husband | | | |
| Father's Name | | James E Gattling | | | | Father's Birthplace | |
| Mother's Maiden Name | | Ariana J. Elliott | | | | Mother's Birthplace | |
| Name of person giving information | | Mrs. E. Gattling | | | | How related to deceased | |
| | | | | | | father | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Measles | | How long | | 12 days |
| | Immediate | | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | W H Houston |
| | | | | | Address | | Fishing Creek |
| | Accident or Suicide? | | — | | | | |



Name
in
Full

Altheus Coleman

CERTIFICATE OF DEATH

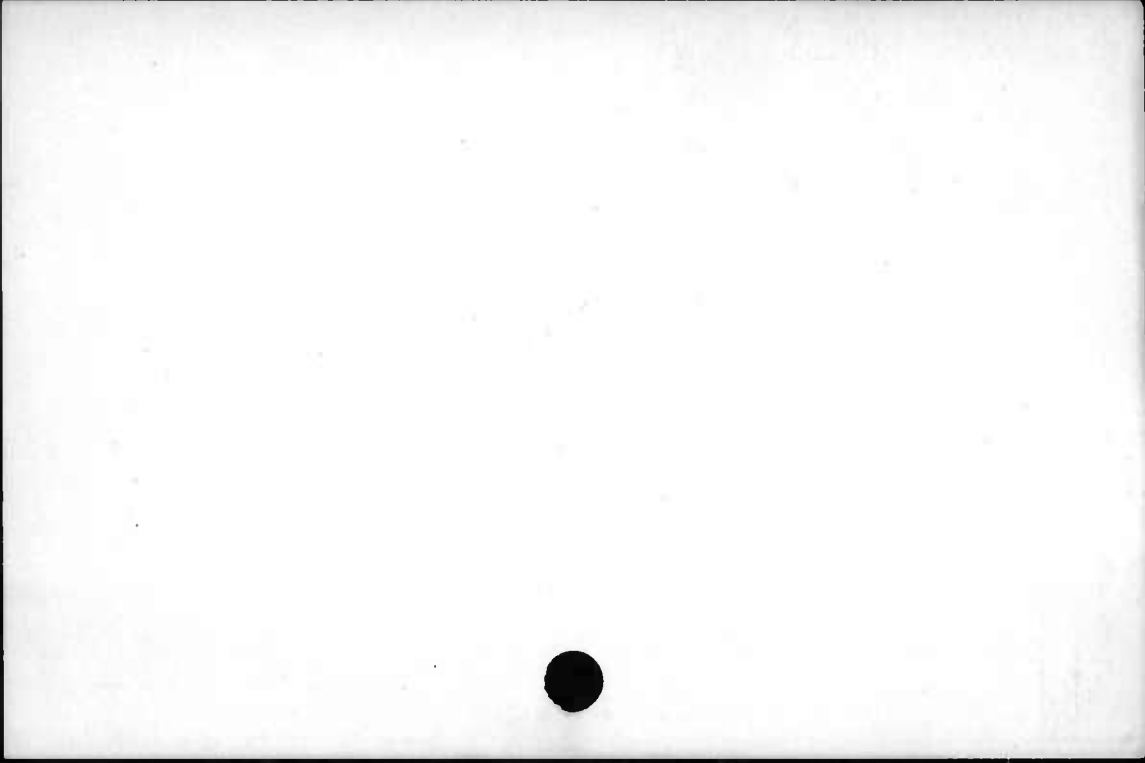
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------------------------------|---------------------------------------|--|----------|------|
| Died at <i>Hurlock</i> ^{Town} | | <i>Blorches</i> ^{County} | | MARYLAND | |
| Date of death <i>1906</i> | Month <i>May</i> | Day <i>13</i> | Age <i>6</i> | Months | Days |
| Sex <i>Male</i> | Color or Race <i>Colored</i> | | Birth-place <i>MD</i> | | |
| Occupation <i>-</i> | | | Where Residing if not at place of death <i>-</i> | | |
| Married, Single or Widowed <i>-</i> | | Name of Wife or Husband | | | |
| Father's Name <i>Eugene Coleman</i> | | Father's Birthplace <i>MD</i> | | | |
| Mother's Maiden Name <i>Lusie Harris</i> | | Mother's Birthplace <i>MD</i> | | | |
| Name of person giving information <i>Eugene Coleman</i> | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Pertussis</i> | How long |
| Immediate <i>Pneumonia</i> | How long <i>7 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>O. J. Maguire</i> |
| | Address <i>Hurlock MD</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

Geoffrey Coons

TO BE ANSWERED BY
NEAREST FRIEND

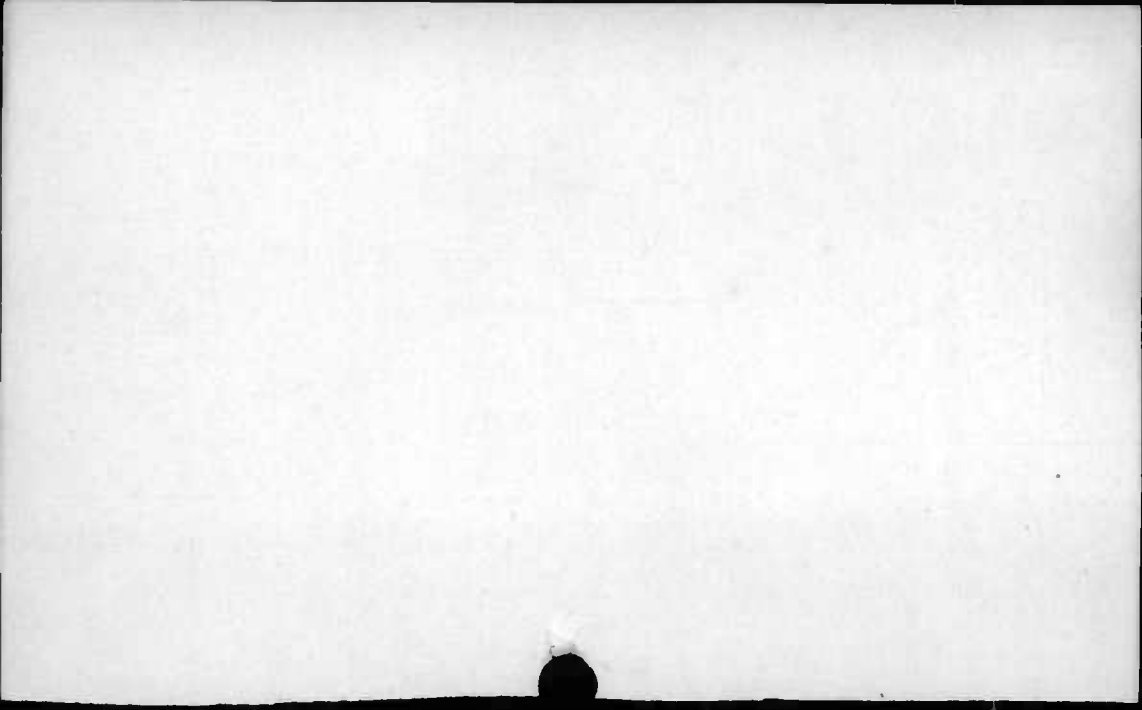
| | | | | | | | |
|---|--|---|---------------|---|--------|----------|--|
| Died at <i>Sectary</i> | | Town <i>Sectary</i> | | County <i>Dorchester</i> | | MARYLAND | |
| Date of death 190 | | Month <i>5</i> | Day <i>23</i> | Years <i>63</i> | Months | Days | |
| Sex <i>Male</i> | | Color of Race <i>White</i> | | Birth-place <i>Germany</i> | | | |
| Occupation <i>Brick layer</i> | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Yes</i> | | Name of Wife <i>Lizzie Walker Coons</i> | | | | | |
| Father's Name <i>don't know</i> | | | | Father's Birthplace | | | |
| Mother's Maiden Name <i>Maggie Rulea</i> | | | | Mother's Birthplace <i>Germany</i> | | | |
| Name of person giving Information <i>Lizzie Coons</i> | | | | How related to deceased <i>Wife</i> | | | |

CAUSES OF DEATH

Cancer
How long *8 months*

PHYSICIAN
OR CORONER

| | | |
|---|--------------|--|
| Primary | <i>(179)</i> | How long |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>A. L. Sayers</i> |
| | | Address <i>E. Newmarket</i> |



Name
in
Full

Maria Cornish

CERTIFICATE OF DEATH

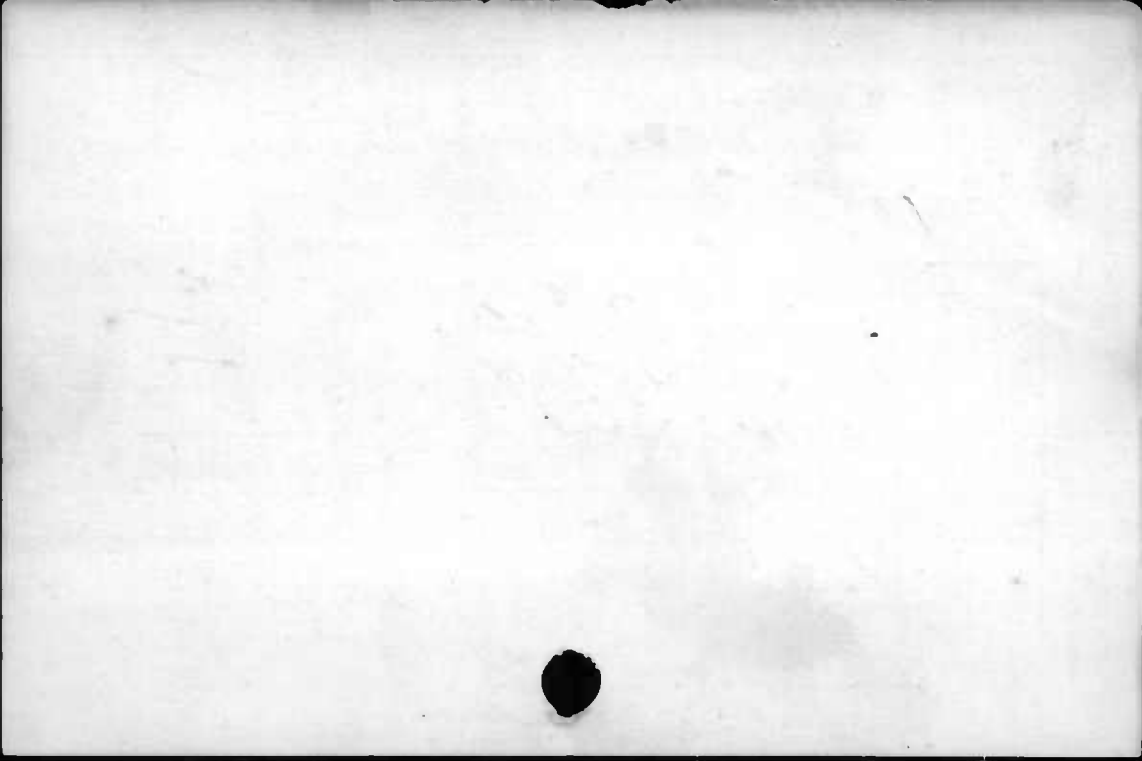
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-----------------------|---|-------------------------|----------|------|
| Died at ^{Town} Cambridge | | ^{County} Worcester | | MARYLAND | |
| Date of death 1906 | Month May | Day 5 | Age Years 89 | Months | Days |
| Sex Female | Color or Race Colored | | Birth-place Br. C. Ind. | | |
| Occupation — | | Where Residing if not at place of death Can Bnige | | | |
| Married or Widowed | | Name of Wife or Husband Maria Cornish | | | |
| Father's Name William Braddy | | Father's Birthplace — | | | |
| Mother's Maiden Name Maria O'Bradley | | Mother's Birthplace — | | | |
| Name of person giving information Jane Bask | | How related to deceased | | | |

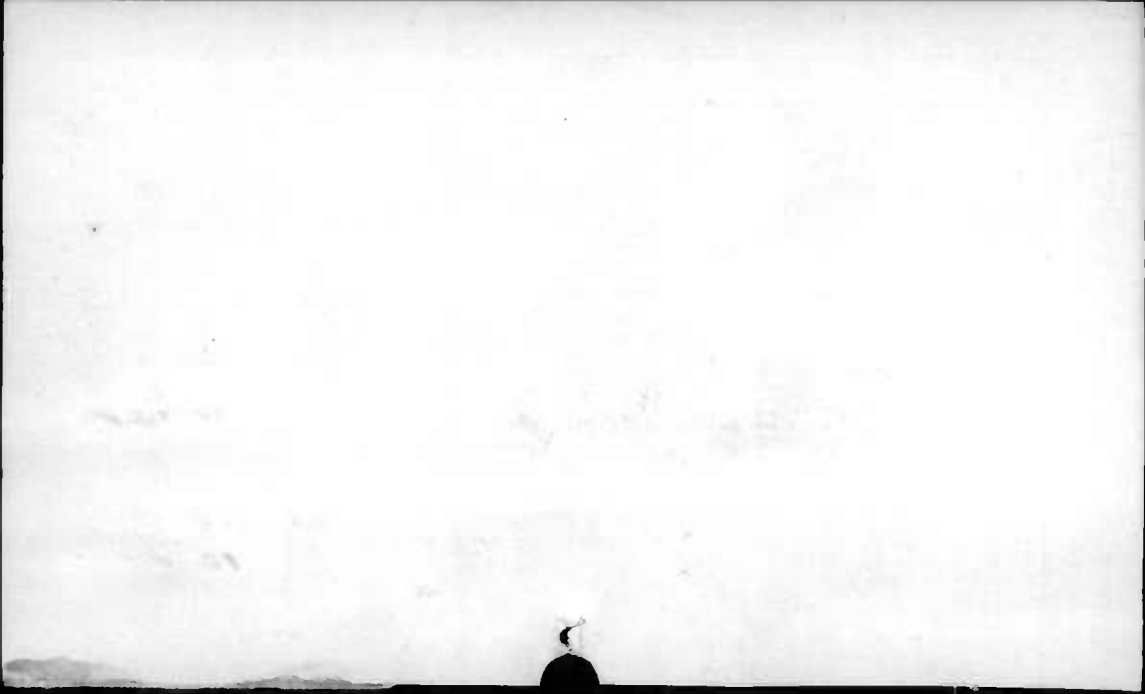
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------------|------------------------------------|------|
| Primary | Lobar Pneumonia - Senility | How long | 1 yr |
| Immediate | Exhaustion | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician (93) Myrtle | |
| | | Address Cambridge Ind. | |
| Accident or Suicide? | | | |



| | | | | | | | |
|---|----------------------------|-------------------------|---|-----|------------------|----------------------|----------|
| Name in Full | | Annie Davis | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town | | County | | MARYLAND |
| | E. H. Market Md. | | Dorchester | | | | |
| | Date of death | | Month | Day | Years | Months | Days |
| | 1906 | | May | 13 | 45 | 9 | 10 |
| | Sex | | Color or Race | | Birthplace | | |
| | Female | | white | | Dorchester Co Md | | |
| | Occupation | | Where Residing if not at place of death | | | | |
| House wife | | E. H. Market, Md | | | | | |
| TO BE ANSWERED BY PHYSICIAN OR CORONER | Married, Single or Widowed | | Name of Wife or Husband | | | | |
| | married | | John Davis | | | | |
| | Father's Name | | Father's Birthplace | | | | |
| | Arthur Wheatley | | Dor. Co Md. | | | | |
| | Mother's Maiden Name | | Mother's Birthplace | | | | |
| Annie Maria Dunn | | Dor Co Md. | | | | | |
| Name of person giving information | | How related to deceased | | | | | |
| Edgar Davis | | son | | | | | |
| CAUSES OF DISEASE | | | | | | | |
| TO BE ANSWERED BY PHYSICIAN OR CORONER | Primary | | How long | | | | |
| | Carcinoma | | two months | | | | |
| | Immediate | | How long | | | | |
| | Child birth | | 10 days | | | | |
| Are the name, age, sex, color, date and place correctly given above | | Signature of Physician | | | | | |
| yes | | Edgar Davis | | | | | |
| | | Address | | | | | |
| | | E. H. | | | | | |



Name
in
Full

Baby Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|------------------------------------|--|-----------------|---------------------|
| Died at <i>Cambridge</i> ^{Town} | | <i>Worcester</i> ^{County} | | MARYLAND | |
| Date of death <i>1906</i> | Month <i>1</i> | Day <i>24</i> | Age <i>—</i> | Months <i>—</i> | Days <i>7 hours</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>—</i> | | |
| Occupation <i>—</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>wife</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>O. J. Elliott</i> | | | Father's Birthplace <i>Or Co Md.</i> | | |
| Mother's Maiden Name <i>Hellie M. Vickers</i> | | | Mother's Birthplace <i>Or Co Md.</i> | | |
| Name of person giving information <i>Hellie M. Elliott</i> | | | How related to deceased <i>Mother</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Unclined from men case</i> | How long <i>(150)</i> <i>all of life</i> |
| Immediate <i>gradual cyanosis</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Y/S</i> | Signature of Physician <i>Guy Steele</i> |
| | Address <i>Cambridge Md.</i> |
| Accident or Suicide? <i>—</i> | |



| Name In Full | | CÉRTIFICATE OF DEATH | | | |
|---|---|---------------------------------------|--|-----|-------------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Thurlock</i> ^{Town} <i>3</i> ^{Day} | | County <i>Dorchester</i> | | MARYLAND |
| | Date of death <i>1906</i> | Month <i>5</i> | Day <i>3</i> | Age | Years |
| | Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Dorchester</i> |
| | Occupation | | Where Residing if not at place of death | | |
| | Married, Single or Widowed | | Name of Wife or Husband | | |
| | Father's Name <i>Harry E. Hastings</i> | | Father's Birthplace | | |
| | Mother's Maiden Name <i>Hellie A. Hastings</i> | | Mother's Birthplace | | |
| Name of person giving information <i>John M. Taylor</i> | | How related to deceased <i>Friend</i> | | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary | | How long | | |
| | Immediate <i>Bronchial Trouble</i> | | How long <i>(90)</i> | | |
| | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>No Physician</i> | | |
| | | | <i>Wm. F. Stoddard JP</i> | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|----------------------------|--|--|--|-----------------|--|
| Name <i>Birdie Adelaide Henry</i> | | | | County <i>Dor</i> | | MARYLAND | |
| Died at <i>Colum Creek</i> | | Town | | Age <i>22</i> | | Months <i>3</i> | |
| Date of death 190 <i>6</i> | | Month <i>5</i> | | Day <i>6</i> | | Days <i>1</i> | |
| Sex <i>female</i> | | Color or Race <i>white</i> | | Birth-place <i>Colum Creek</i> | | | |
| Married, Single or Widowed <i>single</i> | | Occupation <i>none</i> | | | | | |
| Name of Wife or Husband <i>none</i> | | | | | | | |
| Father's Name <i>unified Henry</i> | | | | Father's Birthplace <i>Dor Co</i> | | | |
| Mother's Maiden Name <i>Frances C. Cray</i> | | | | Mother's Birthplace <i>Dor Co</i> | | | |
| Name of person giving information <i>Brother John Henry</i> | | | | How related to deceased <i>brother</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary <i>Incompetent Abortion</i> | | How long <i>6 weeks</i> | |
| Immediate <i>Pneumonitis</i> | | How long <i>one week</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>G. Rogers Myers</i> | |
| | | Address <i>Sturrock Md</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Willie Morris Hensen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Lloyds ^{County} borchester MARYLAND

Date of death 1906 ^{Month} May ^{Day} 27 ^{Age} 0 ^{Years} 0 ^{Months} 4 ^{Days} 4

Sex Male ^{Color or Race} Negro ^{Birth-place} Lloyds

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Alfred Hensen

Father's
Birthplace

Halls Point

Mother's
Maiden Name

Emma H. Heatley

Mother's
Birthplace

Lloyds Md

Name of person giving
In formation

Alfred Hensen

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cyemosis (Heart) 150

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J A Stokes

Address

R #6 #5

Accident or Suicide?

Cambridge Md

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

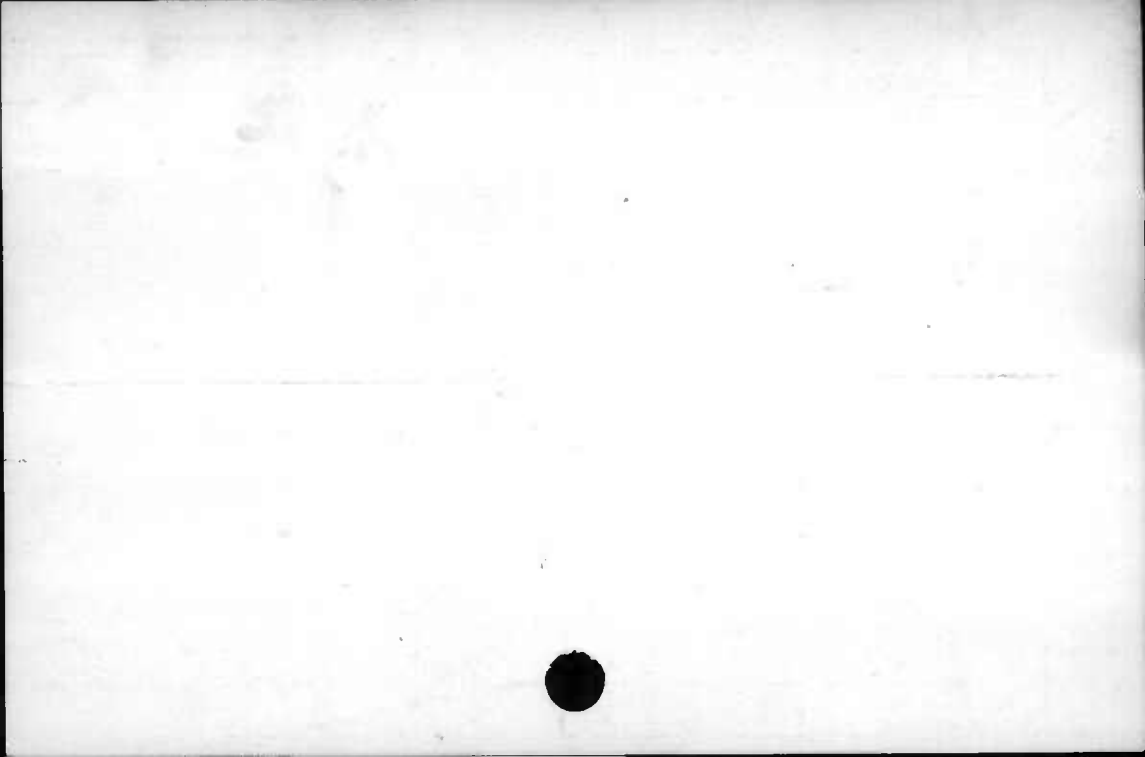
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|---|-----------------------|---------------------------------|--------------------------|--------|-----------------------|--|
| Died at <i>Clinton Horsey</i> | | Town <i>Cambridge</i> | | County <i>Dorchester</i> | | STATE <i>MARYLAND</i> | |
| Date of death <i>1906</i> | Month <i>May</i> | Day <i>6</i> | Age <i>46</i> | Years | Months | Days | |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>Braford Del.</i> | | | | |
| Occupation <i>Laborer</i> | Where Residing if not at place of death <i>Braford Del.</i> | | | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>X</i> | | | | | | |
| Father's Name <i>Wm B. Horsey</i> | Father's Birthplace <i>Braford</i> | | | | | | |
| Mother's Maiden Name <i>Eliza Horsey</i> | Mother's Birthplace <i>Braford</i> | | | | | | |
| Name of person giving information <i>Erntt Shipley</i> | How related to deceased <i>no</i> | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Also h. v. (66)</i> | How long <i>12 months</i> |
| Immediate <i>Paralysis</i> | How long <i>30 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Dr. G. L. Horsey</i> |
| | Address <i>Cambridge, Md.</i> |
| Accident or Suicide? | |



Name
in
Full

Trillion Lee Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *applegaithe* ^{Town}*Dorchester* ^{County}Date
of death *1906*Month
*May*Day
*5*Age
4.8

Years

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*applegaithe*

Occupation

*Osterman*Where Residing If not
at place of death*0*Married, Single
or Widowed*Married*Name of Wife or
Husband*Lorinda Hopewell*Father's
Name*Matthew Lee Lewis*Father's
Birthplace*Hopewell Island*Mother's
Maiden Name*Kitty Lewis*Mother's
Birthplace*—*Name of person giving
information*Benjamin Lewis*How related
to deceased*Son*

CAUSES OF DEATH

Primary

general debility

How long

3 Weeks

Immediate

How long

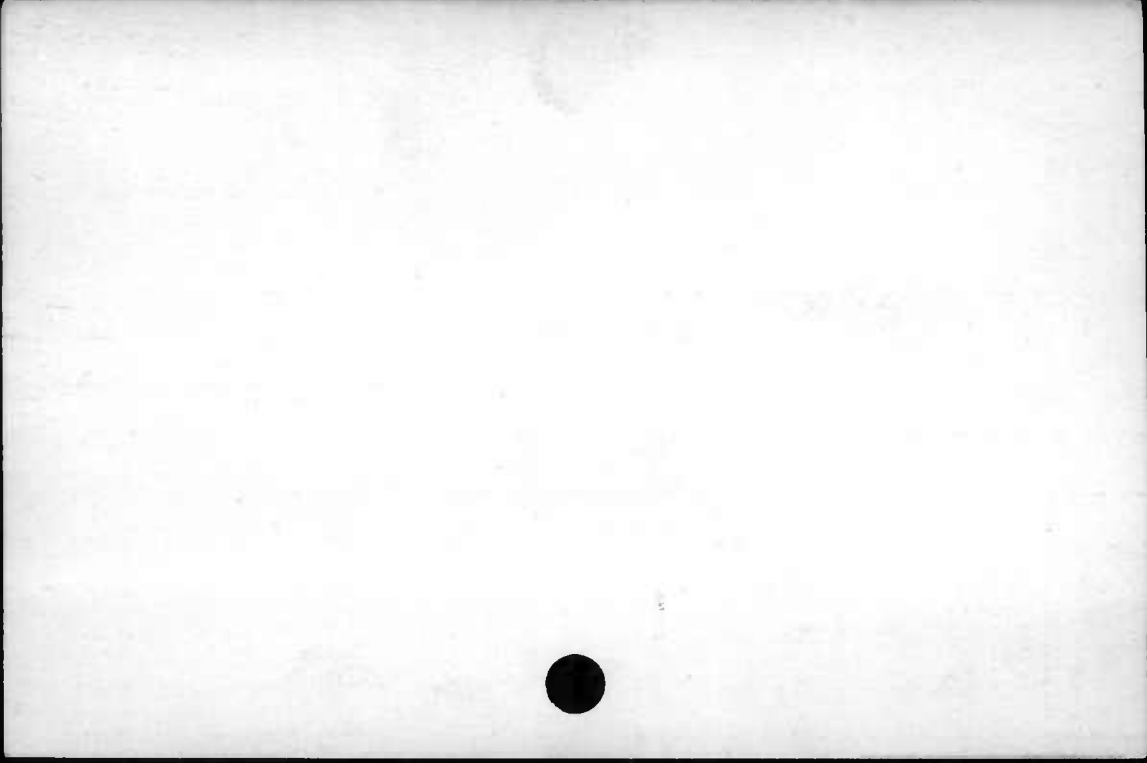
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Dr. W. H. Armstrong*

Address

First Long Creek

Accident or Suicide?

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------------------|----------------------------|--|---------------------------------|--------|
| Died at <u>Cambridge</u> | | County <u>Dorchester</u> | | MARYLAND | |
| Date of death <u>1906</u> | Month <u>May</u> | Day <u>28</u> | Age | Years | Months |
| Sex <u>Male</u> | | Color or Race <u>White</u> | | Birth-place <u>Cambridge Md</u> | |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or <u>Widowed</u> | | Name of Wife or Husband | | | |
| Father's Name <u>E. Arden Munnick</u> | | | Father's Birthplace <u>Dorchester Md</u> | | |
| Mother's Maiden Name <u>Bessie Reese</u> | | | Mother's Birthplace <u>Baltimore Md</u> | | |
| Name of person giving information <u>Bessie Reese</u> | | | How related to deceased <u>Mother</u> | | |

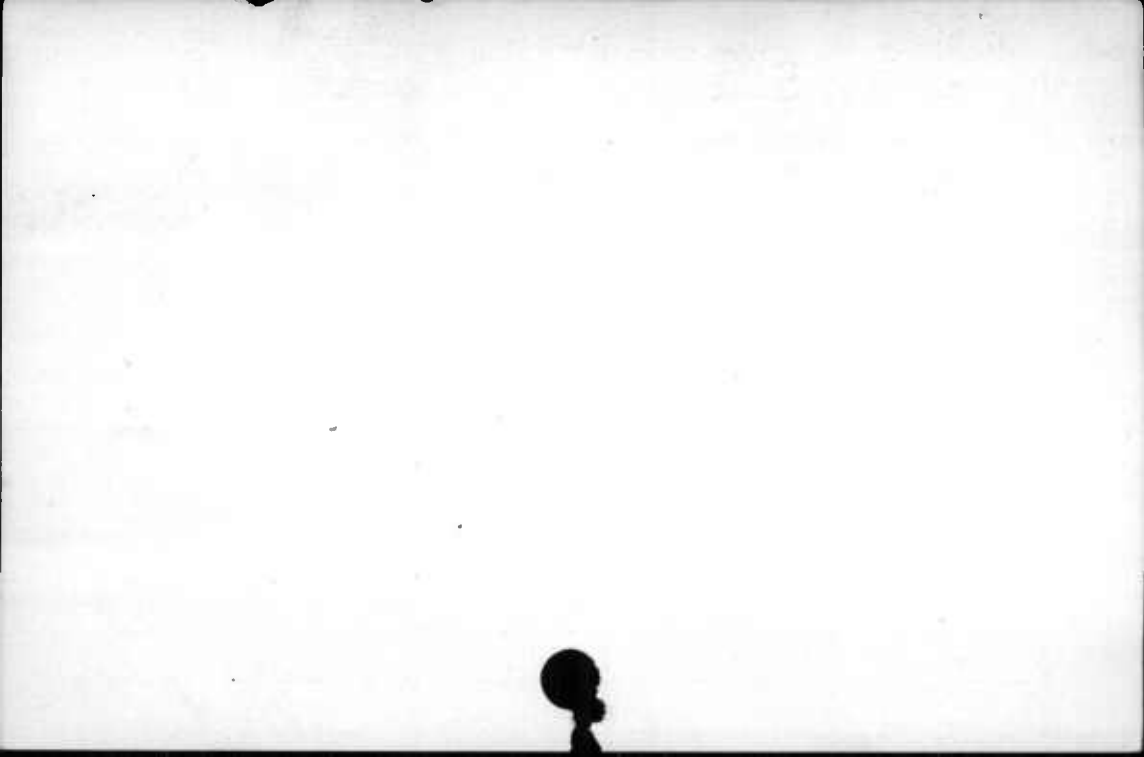
CAUSES OF DEATH

PHYSICIAN
QR CORONER

| | | | | |
|--|----------------------------|-----|------------------------|-----------------|
| Primary | Toulem Iwana orde to chise | | How long | sum hour |
| Immediate | Cyanosis | | How long | 1 hour |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician | Dr. J. A. Brown |
| | | | Address | Cambridge, Ma |
| Accident or Suicide? | | | | |



| Name in Full | | Pascilla Moore | | | | CERTIFICATE OF DEATH | | |
|-------------------------------------|--|----------------|----------------|--|-------------------------|----------------------|---------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Butte Head | | County | | Stonewater | |
| | Date of death | | 1906 May 22 | | Age | | 71 (about) | |
| | Sex | | Female | | Color or Race | | White | |
| | Occupation | | None | | Birth-place | | Md | |
| | Where Residing if not at place of death | | | | | | | |
| | Married, Single or Widowed | | Married | | Name of Wife or Husband | | John E. Moore | |
| PHYSICIAN OR CORONER | Father's Name | | Unknown | | Father's Birthplace | | | |
| | Mother's Maiden Name | | Nancy Woodland | | Mother's Birthplace | | Md | |
| | Name of person giving information | | John Moore | | How related to deceased | | Son | |
| | CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Pneumonia | | How long | | 7 days | |
| | Immediate | | | | How long | | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | E. A. Jones | |
| | Address | | | | Address | | Lopast. Md | |
| Accident or Suicide? | | | | | | | | |



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name of person giving information James A

How're
to dec

MARYLAND

| | |
|-------------------|-------------------|
| Months | Days |
| <u> </u> | <u> </u> |

Birth-place Maryland

Father's Birthplace Maryland

Mother's Birthplace Souk Kneow

| | |
|----------------------------|------|
| How related to deceased | Nous |
|----------------------------|------|

CAUSES OF DEATH

Primary Heart failure from age

How long

Immediate

How long 4 2nd

Are the name, age, sex, color, date
and place correctly given above?

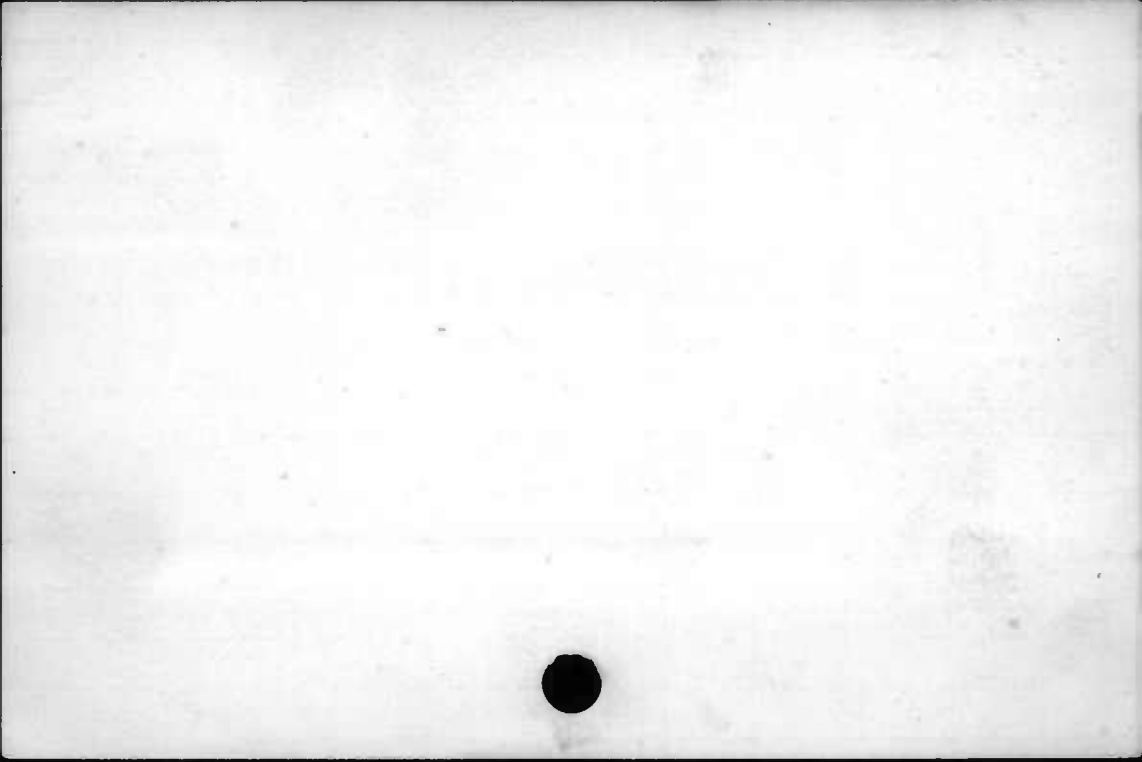
1122

Signature of Physician

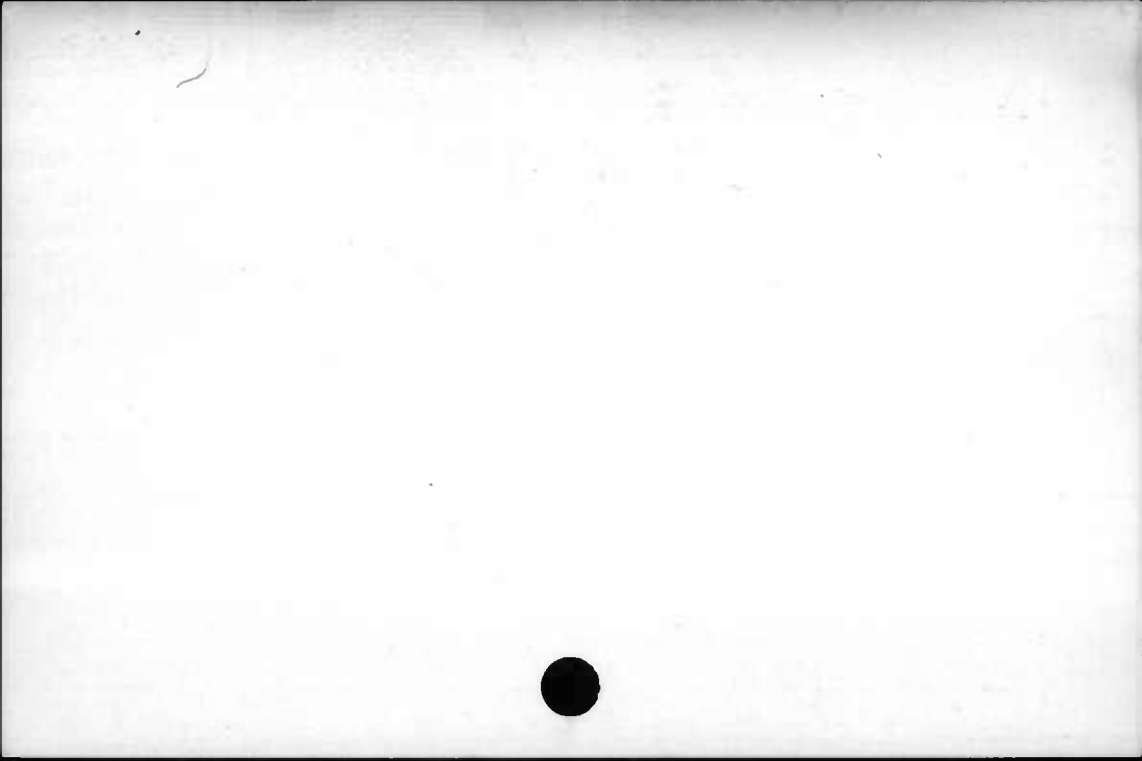
Address

Accident or Suicide?

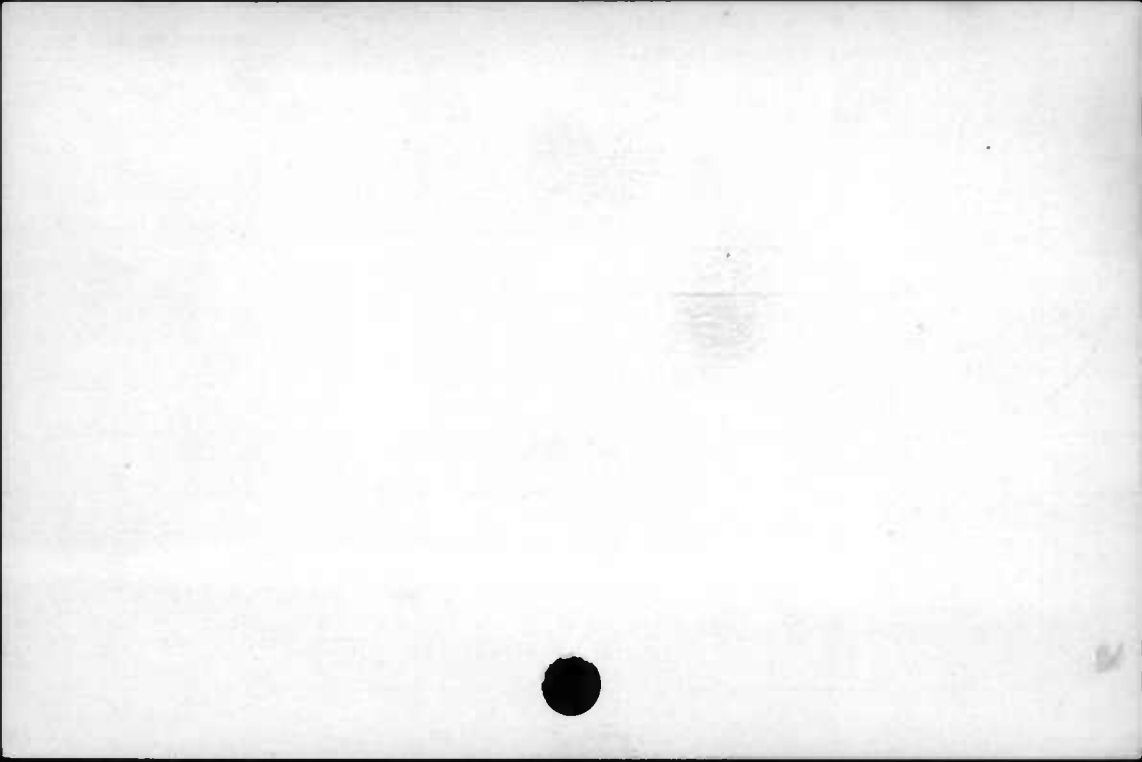
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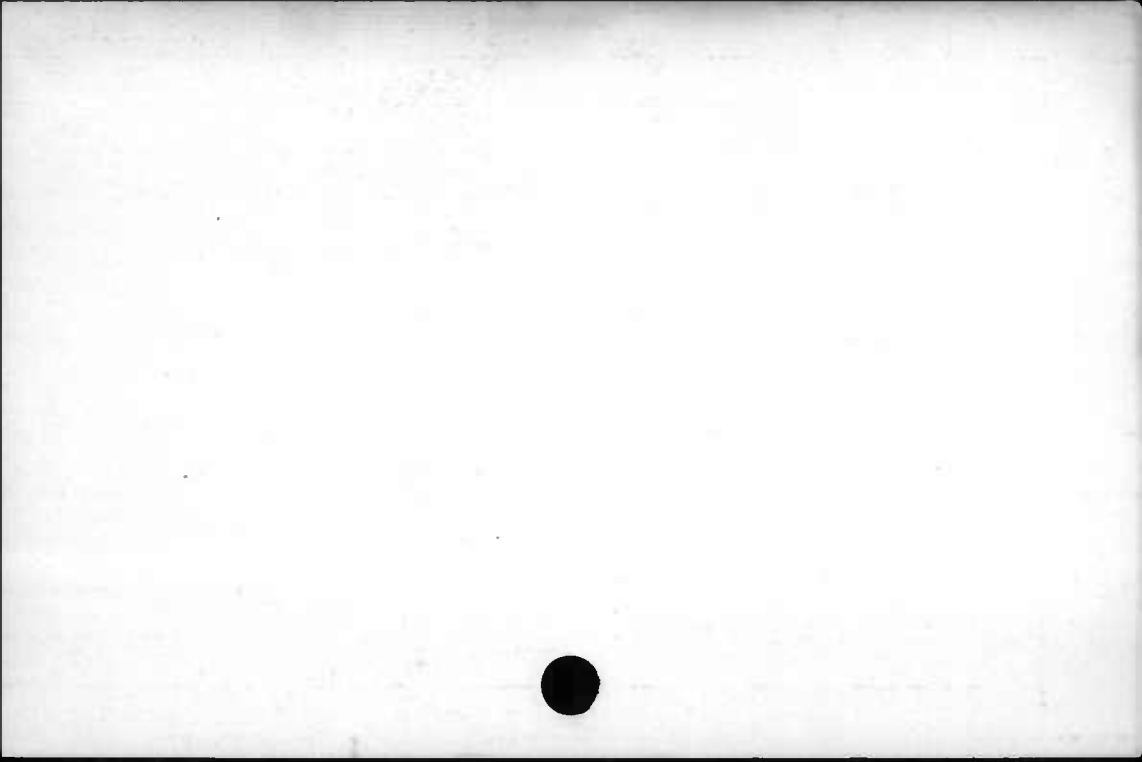
| Name in Full | | Cohu N. Pritchett | | | | CERTIFICATE OF DEATH | | | |
|-------------------------------------|--|-----------------------|------------------------------|---|------------------------|----------------------|-------------------------|----------|----|
| TO BE ANSWERED BY NEAREST FRIEND | Died at ^{Town} Wingate | | ^{County} Dorchester | | MARYLAND | | | | |
| | Date of death | 1906 | Month | May | Day | 2 | Age | 82 | |
| | | | | | Months | | 1 | Days | 18 |
| | Sex | Male | | Color or Race | White | | Birth-place | Md | |
| | Occupation | None | | Where Residing if not at place of death | | | | | |
| | Married, Single or Widowed | Married | | Name of Wife or Husband | Margaret Ann Gerovis | | | | |
| | Father's Name | Nebulon Pritchett | | | | | Father's Birthplace | Md | |
| PHYSICIAN OR CORONER | Mother's Maiden Name | Rachel Bloodworth | | | | | Mother's Birthplace | Md | |
| | Name of person giving information | Margaret A. Pritchett | | | | | How related to deceased | Wife | |
| | CAUSES OF DEATH | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Softening of Brain | | | | | How long | One year | |
| | Immediate | Exhaustion | | | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | E. A. P. Jones | | |
| | | | | | Address | | Chapin. Md | | |
| | Accident or Suicide? | | | | | | | | |



| | | | | | |
|--|---|--|---|---------------|-------------------------------|
| Name in Full <i>Wm L. Sharler</i> | | CERTIFICATE OF DEATH | | | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>near Cambridge</i> | | Town <i>Dorchester</i> | | County |
| | Date of death <i>1906</i> | | Month <i>May</i> | Day <i>31</i> | Years <i>60</i> |
| | Sex <i>American</i> | | Color or Race <i>dark</i> | | Months |
| | Occupation <i>Farmer</i> | | Where Residing if not at place of death <i>near Cambridge</i> | | Birth-place <i>Dorchester</i> |
| | Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | |
| | Father's Name <i>Jarvis Sharler</i> | | Father's Birthplace <i>Dorchester</i> | | |
| | Mother's Maiden Name <i>Susan Paul</i> | | Mother's Birthplace <i>Dorchester</i> | | |
| Name of person giving information <i>Brother</i> | | How related to deceased <i>Brother</i> | | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Broken Skull</i> | | How long <i>instantly</i> | | <i>164</i> |
| | Immediate <i>Same</i> | | How long <i>instantly</i> | | |
| | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>John Magee</i> | | |
| | | | Address <i>Dorchester</i> | | |
| | Accident or Suicide? | | | | |



| Name in Full | | Stanley | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|-------------------------|---|-------------------------|----------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town | | County |
| | Date of death | | 1906 | Month | May |
| | | | Day | 13 | Age |
| | | | Years | 0 | Months |
| | | | 1 | 8 | Days |
| | Sex | | male | Color or Race | Negro |
| | Occupation | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Father's Name | | Chas H Stanley | | Father's Birthplace | |
| | | | | Hudson Ind | |
| Mother's Maiden Name | | Gertie Hammeton | | Mother's Birthplace | |
| | | | | Hills PB. Ind | |
| Name of person giving information | | " | | How related to deceased | |
| | | | | Mother | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary | | Entero-colic | | How long |
| | | | 105 | | 4 days |
| | Immediate | | Convulsions | | How long |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | |
| | Signature of Physician | | S A Stokes M.D. | | |
| | | Address | | | |
| | | R 76 # 5 Cambridge | | | |
| | | Md | | | |
| Accident or Suicide? | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-------------------------------|--|----------------------------------|------------------|--------------------|
| Died at <i>Cambridge</i> ^{Town} | | <i>Brockville</i> ^{County} | | MARYLAND | |
| Date of death | <i>1906</i> | Month <i>May</i> | Day <i>21</i> | Age <i>81</i> | Months <i>5</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birthplace <i>Dr. Co. Md.</i> | | |
| Occupation <i>Waterman</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Widower</i> | | Name of wife or husband <i>Anna Newton</i> | | | |
| Father's Name <i>James Vickers</i> | | Father's Birthplace <i>Dr. Co. Md.</i> | | | |
| Mother's Maiden Name <i>Sarah Christie</i> | | Mother's Birthplace | | | |
| Name of person giving information <i>Mollie Vickers</i> | | How related to deceased <i>Son</i> | | | |

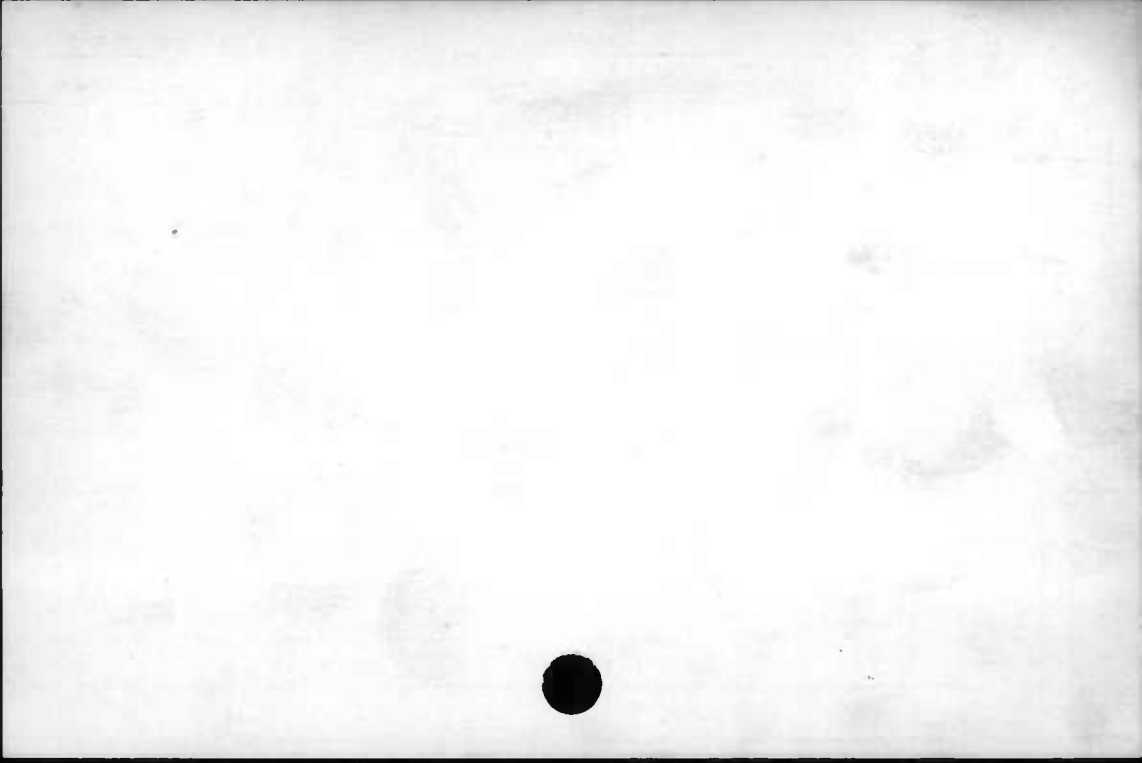
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|--------------|--|
| Primary <i>Senility</i> | <i>(154)</i> | How long <i>2 or 3 years feeling</i> |
| Immediate <i>Gradual exhaustion</i> | | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Guy Stule</i> |
| | | Address <i>Cambridge Md.</i> |
| Accident or Suicide? | | |



| | | | | | | | |
|-------------------------------------|--|------------------------|--------------|----------------------|---|-------------------------|-----------------|
| Name in Full | | Margaret A Wiley | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Cambridge | | County Dorchester | | MARYLAND | |
| | Date of death | 1906 | Month May | Day 12 | Years 25 | Months | Days |
| | Sex | Female | | Color or Race | White | | Birth-place |
| | Occupation | Worker in factory | | | Where Residing if not at place of death | | |
| | Married, Single or Widowed | Single | | | Name of Wife or Husband | | |
| | Father's Name | H. T. Willey | | | | Father's Birthplace | Ma |
| PHYSICIAN OR CORONER | Mother's Maiden Name | Mary A. Willey | | | | Mother's Birthplace | Ma |
| | Name of person giving information | Wm T. Willey | | | | How related to deceased | Sister |
| | CAUSES OF DEATH | | | | | | |
| PHYSICIAN OR CORONER | Primary | Pulmonary Tuberculosis | | | | How long | About 18 months |
| | Immediate | Exhaustion | | | | How long | after death |
| | Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician | | |
| | | | | | Address | | |
| Accident or Suicide? | | | | No | | | |
| | | | | Cambridge Ma | | | |



Name
in
Full

Mary E. Wilson

CERTIFICATE OF DEATH

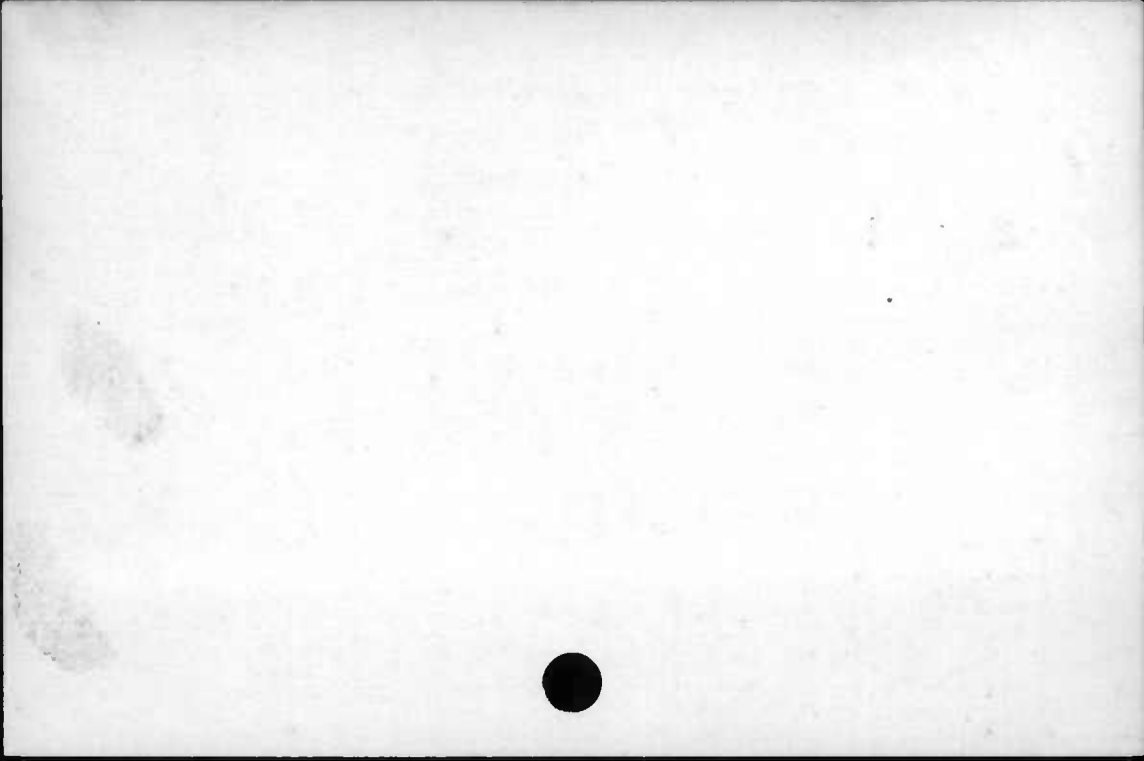
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|-------------------------------|--|-------------------------------|-----------------------------|--------|----------|------|
| Died at | | Town <i>Lordstown</i> | | County <i>Dorchester</i> | | MARYLAND | |
| Date of death | | Month <i>May</i> | Day <i>30th</i> | Years <i>55</i> | Months | | Days |
| Sex <i>female</i> | Color or Race <i>black</i> | | Birth-place <i>home</i> | | | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death <i>home</i> | | | | | |
| Married, Single or Widowed <i>—</i> | | Name of Husband <i>Daniel J. Wilson</i> | | | | | |
| Father's Name <i>—</i> | | Father's Birthplace <i>—</i> | | | | | |
| Mother's Maiden Name <i>—</i> | | Mother's Birthplace <i>—</i> | | | | | |
| Name of person giving information <i>Daniel J. Wilson</i> | | How related to deceased <i>Husband</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary | How long <i>18 mo</i> |
| Immediate <i>Tuberculosis</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Le Compton Haynes</i> |
| | Address <i>Cambridge, Ma</i> |
| Accident or Suicide? | |



| | | | | | | | |
|----------------------------------|---|---|----------------|---|------------------------|-------------------------|--------------|
| Name in Full | | Susan Wilson | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Cambridge | | County Worcester | | MARYLAND |
| | Date of death | 1906 | Month | May | Day | 24 | Age 35 years |
| | Sex | Female | | Color or Race | Colored | | Birthplace |
| | Occupation | Housewife | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | Married | | Name of Wife or Husband | Mrs. Wilson | | |
| | Father's Name | Wm. Sanders | | | | Father's Birthplace | Wm. Co. Md. |
| PHYSICIAN OR CORONER | Mother's Name | Rebecca Sanders | | | | Mother's Birthplace | Wm. Co. Md. |
| | Name of person giving information | Harry McCort | | | | How related to deceased | Cousin |
| | <div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div> | | | | | | |
| PHYSICIAN OR CORONER | Primary | Hyper Emesis Gravidarum | | | | How long | 3 1/2 months |
| | Immediate | Anxiety shock following delivery of twins | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | Harry H. H. H. | |
| | | | | | Address | Cambridge Md. | |
| | | Accident or Suicide? | | | | | |



| | | | | | | | |
|--|--|---------------|--|---|--|----------------------|--|
| Name in Full | | Samuel Wright | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Town Secretary | | County Dorchester | |
| | | Date of death | | Month | | Days | |
| | | 1906 | | 5 | | 10 | |
| | | Age | | Years | | Months | |
| | | 72 | | | | | |
| Sex | | Male | | Color or Race | | White | |
| Occupation | | Astronomer | | Where Residing if not at place of death | | Birth-place | |
| | | | | | | Dorchester | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | Mary Wright | |
| Father's Name | | Samuel Wright | | Father's Birthplace | | Ser. 60 | |
| Mother's Maiden Name | | Do not know | | Mother's Birthplace | | " | |
| Name of person giving information | | Mary Wright | | How related to deceased | | Wife | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | Paralysis | | How long | |
| | | | | (D) | | 5 days | |
| | | Immediate | | | | How long | |
| | | | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | Address | |
| | | | | Abbey | | E. N. Market | |
| Accident or Suicide? | | | | | | | |

